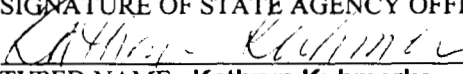
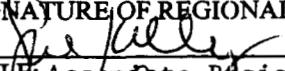


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 04-09	2. STATE New York
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE April 1, 2004	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a)(10)(E)(i) and 1905(p)(i) of the Act		7. FEDERAL BUDGET IMPACT: a. FFY 2003-2004 (\$26.4 million) b. FFY 2004-2005 (\$75.4 million)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.2-A, Page 1, and Page 29 (Beginning of State Plan)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.2-A, Page 1, and Page 29 (Beginning of State Plan)	
10. SUBJECT OF AMENDMENT: Medicare Part A Buy-In			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: New York State Department of Health, Corning Tower, Empire State Plaza, Room 1466 Albany, New York 12237	
13. TYPED NAME: Kathryn Kuhmerker			
14. TITLE: Deputy Commissioner Department of Health			
15. DATE SUBMITTED: March 29, 2004			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: JUN 15 2004	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: APR 01 2004		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Sue Kelly		22. TITLE: Associate Regional Administrator AKH - Oregon	
23. REMARKS: Division of Medicaid and State Operations			

OFFICIAL

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Revision: HCFA-PM-93-5 (MB)
May 1993

State: New York

3.2 Coordination of Medicaid with Medicare and Other Insurance

(a) Premiums

(1) Medicare Part A and Part B

1902 (a) (10) (E) (i) and
1905 (p) (1) of the Act

(i) Qualified Medicare Beneficiary (QMB)

The Medicaid agency pays Medicare Part A premiums (If applicable) and Part B premiums for Individuals in the QMB group defined in Item A.25 of ATTACHMENT 2.2-A, through the group premium payment arrangement, unless the agency has a Buy-In agreement for such payment as indicated below.

Buy-in agreement for:

 X Part A X Part B

 The Medicaid agency pays premiums for which the beneficiary would be liable, for enrollment in an HMO participating in Medicare.

TN No. 04-00
Supersedes 93-27 Approval Date JUN 15 2004 Effective Date APR 01 2004
TN No.

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE NEW YORK
COORDINATION OF TITLE XIX WITH PART A AND PART B OF TITLE XVIII

The following method is used to provide benefits under Part A and Part B of title XVIII to the groups of Medicare-eligible individuals indicated:

A. Part B buy-in agreements with the Secretary of HHS. This agreement covers:

1. ☐ Individuals receiving SSI under title XVI or State supplementation, who are categorically needy under the State's approved title XIX plan.

Persons receiving benefits under title II of the Act or under the Railroad Retirement Systems are included:

Yes ☐ No ☐

2. ☒ Individuals receiving SSI under title XVI, State supplementation, or a money payment under the State's approved title IV-a plan, who are categorically needy under the State's approved title XIX plan.

Persons receiving benefits under title II of the Act or under the Railroad Retirement System are included.

Yes ☒ No ☐

3. ☐ All individuals eligible under the State's approved title XIX plan.

4. ☒ Qualified Medicare beneficiaries provided by section 301 of PL.100-360 as amended by section §434 of PL.100-647.

B. Part A group premium payment arrangement entered into with the Social Security Administration. This arrangement covers the following groups:

Qualified Medicare beneficiaries provided by section 301 of PL.100-360 as amended by section §434 of PL.100-647.

C. Payment of Part A and Part B deductible and coinsurance costs. Such payments are made in behalf of the following groups.

1. Qualified Medicare beneficiaries provided by section 301 of PL.100-360 as amended by section §434 of PL.100-647.

2. All Title XIX recipients covered under Part A or B of Title XVIII and eligible for Part A or B services covered by Medicaid.

TN No.

Supersedes

TN No.

04-09

89-02

Approval Date

JUN 15 2004

Effective Date

APR 01 2004

OFFICIAL

Derivation of Fiscal Impact

Savings to the Medicaid program will primarily accrue in the inpatient hospital, skilled nursing facility and home care categories of service, such savings will occur as a result of Medicare paying for the cost of care in the aforementioned settings minus the payment by Medicaid of the Medicare premiums, deductibles and co-insurance.